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PATENT APPLICATION
Attorney's Do. No. 2705-90

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

EXPRESS MAIL

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I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231.

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(SENDER'S PRINTED NAME)

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Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

Enclosed for filing is a patent application under 37 CFR 1.53(b) of: Ilya Umansky, Neil Joffe, Shamim Sharifuddin Pirzada and Dhaval N. Shah entitled VOICE OVER INTERNET PROTOCOL CALLFallback FOR QUALITY OF SERVICE DEGRADATION

This application is a [] continuation, [] divisional, [] continuation-in-part of prior application Serial No. _____.

Enclosures:

- Specification (pages 1-12); claims (pages 13-21); abstract (page 22)
- 10 sheets of informal drawings
- Declaration or Combined Declaration and Power of Attorney
 - Newly executed
 - Copy from a prior application (37 CFR 1.63(d))
 - Incorporation by Reference--The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
 - Deletion of Inventors (signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
- Power of Attorney
- Assignment with cover sheet
- Information Disclosure Statement with Form PTO 1449 (modified) and cited reference

<u>CLAIMS AS FILED</u>				
For	Number Filed	Number Extra	Rate	Basic Fee \$ 690.00
Total Claims	32-20	12	x \$18.00 =	216.00
Independent Claims	4-3	1	x \$78.00 =	78.00
Multiple Dependent Claim Fee			x \$260.00 =	
TOTAL FILING FEE				\$ 984.00

[X] A check in the amount of \$1,024.00 to cover [X] filing fee (\$984.00) and [X] assignment recordal fee (\$40.00) is enclosed.

[X] Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

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